

FILED

May 02, 2006 8:00 am Secretary of State

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 712223 1. Entity Name CLOVERLEAF 4 - H PARK OF CHRISTMAS INC.						05-02-2006 90231 042 *****61.25				
Principal Place of Business 2350 E MICHIGAN STREET ORLANDO, FL 32806 Mailing Address 2350 E MICHIGAN STREET ORLANDO, FL 32806 Mailing Address 2350 E MICHIGAN STREET ORLANDO, FL 32806				1	6	003383	3			
Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address							
Suite, Apt. #, etc. S		Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-NP	CR2E037			
City & State		City & State	City & State			155		Ар	plied For	
Zip	ip Country Zi		p Country			Status Desired		8.75 Add		
	6. Name and Address of Current F	l Registered Agent		T	7. Name and A	ddress of New F			-	
	1.1			Name	77 7747770 41147			,		
MACCUBBINN, THOMAS 2350 E MICHIGAN ST ORLANDO, FL 32806				Street Address (P.O. Box Number is Not Acceptable)						
	į.			City		-	-	Zip Code	3	
· ·				FL Zip Code				·		
tri o obligat	lions of registered agent.									
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (N	IOTE: Registere	ed Agent signature rec	quired when reinstating)		DATE			
SIGNATURE		9. Election C		Finaricing — —	\$5:00 May Be Added to Fees	I	DATE Make chock- rida Departu			
SIGNATURE .	Signature, typed or printed name of registered agent a Filling Fee is \$61.25	9. Election C Trust Fun	Campaign F	Financing——	\$5:00 May Be	Flor	lake chock rida Departi	nent of St	ate	
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2006	9. Election C Trust Fun	Campaign F d Contribut	Financing——	\$5.00 May Be Added to Fees	Flor	Make chock- rida Departi	nent of St	ate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

2006

Daytime Phone #